24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities USA Action	C C00495861
	C 000493001
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Targeted Platform Media LLC	09 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1291 Hollywood Ave	Amount
City State Zip Code	5191539.00
Annapolis MD 21403-4909	Transaction ID : VNTYH9TGFJ5 Date of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy (Estimate) Category/ Type	09 / 20 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
DONALD J TRUMP X Oppose X	President Senate State:00
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary ✓ General Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Anount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5191539.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5191539.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	9 22 2016
Signature	